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CIRCULAR LETTER NO. 12

SUBJECT: Treatment of Scabies.

1. Uncomplicated cases of scabies should usually be treated on duty status by unit surgeons without segregation of the patients.
2. As soon as the diagnosis of scabies is made, it is recommended that the patient be treated by either sulphur ointment or benzyl benzoate emulsion or solution, whichever is available. Treatment should be thorough extending from the neck to the ankles. Special care should be exercised that the smallest area shall not be missed in the application of the scabicide. Special attention must be paid to the sites of election (finger webs, wrists, elbows, axillary folds, genitalia, buttocks and umbilicus).
3. Where practicable, the patient should have a thorough preliminary bath using soap, warm water and a rough cloth. The bath, while highly desirable, is not absolutely necessary and if it is impractical to bathe, it may be omitted but the same treatment routine should be followed.
4. If sulphur ointment is employed, it should be thoroughly applied from the neck to the ankles. Application should be repeated 24 and 48 hours later; a total of three (3) treatments. The bath should not be repeated before the second and third treatments.
5. If benzyl benzoate emulsion or solution is used, it should be thoroughly applied, from neck to ankles, and allowed to dry. Ten (10) or fifteen(15) minutes later, a second application should be made and allowed to dry; (i.e., two applications). This procedure should be repeated 24 hours later. There should be no bath prior to the second treatment.
6. Twenty-four hours after treatment has been completed (the same for sulphur and benzyl benzoate treated cases), the patient should take a bath and put on clean clothing. If a shower bath is not available, washing from a bucket or pan must be done.
7. The patient should not wash during the period of treatment. If engaged in duties which involve exposure to dirt, he may wash his hands and face but the wrists and hands must be re-treated as soon as possible after the washing.

R E S T R I C T E D
SURG MTOUSA Cir Ltr # 12 (Cont'd)

THE SUCCESS OF ANTI SCABETIC TREATMENT DEPENDS FAR MORE ON THE THOROUGHNESS OF TREATMENT THAN ON THE REMEDY EMPLOYED. FAILURE TO CURE IS COMMONLY DUE TO CARELESS TREATMENT.

Benzyl benzoate preparations, if correctly used, are as effective scabicides as sulphur preparations. If carelessly used, sulphur preparations are more satisfactory. Failures of cure following benzyl benzoate use, reflect the thoroughness with which it has been used. Benzyl benzoate is less irritating and less objectionable to use than sulphur. Sulphur is more effective in secondarily infected cases because it is bactericidal as well as scabidical.

8. If itching persists after therapy has been completed, do not continue the treatment but assume the pruritus is due to lesions not completely resolved or to the treatment; probably the latter. Prescribe an anti pruritic preparation, such as:

Phenol	1 cc
Mineral Oil	15 cc
Calamine lotion qs. ad	120 cc
M/sig. Apply locally	3 or 4 times a day

9. DO NOT REPEAT TREATMENT FOR SCABIES BEFORE TWO WEEKS HAVE ELAPSED AND THEN ONLY IF TYPICAL BURROWS ARE PRESENT. Both sulphur and benzyl benzoate are irritants and if used longer than indicated, often cause a dermatitis more annoying and much slower in resolving than the scabies. The potential damage attendant prolonged treatment, hence over treatment, cannot be over emphasized. Three (3) days of thorough scabidical therapy is enough. Further prolongation of therapy is not necessary and is very likely to cause irritation. In a recent survey of scabies throughout MTOUSA, it was found that many so-called therapeutic failures were in truth dermatitis secondary to treatment and repetition or continuation of treatment only led to additional damage and prolonged absence from duty.

10. Cases of a complicated nature, i.e., with severe secondary infection or a marked dermatitis; or those failing to respond satisfactorily to treatment should be referred to a hospital.

11. Where practicable, the contacts of the patients such as tent mates, girl friends, etc. should be examined for scabies and if found infested, treated. Non-U.S. civilians should be treated by private physicians.

12. An average amount of 2 fluid ounces of benzyl benzoate emulsion or solution is sufficient to thoroughly cover the body so that in the complete treatment, 8 ounces should be enough. Application of liquid benzyl benzoate preparations by a brush (shaving brush) is satisfactory and conserves the agent. Four ounces of sulphur ointment should be sufficient for the entire treatment.

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13. The disinfection of raiment and bed clothing while not absolutely necessary for successful handling is of some benefit and, when practicable, should be carried out. This can be accomplished by washing, by allowing to air for several days by heat or by methyl bromide fumigation.

14. Recommended Preparations for the Treatment of Scabies:

- a. 10% or 15% precipitated sulphur in petrolatum.
- b. 10% precipitated sulphur and 5% Balsam of Peru in petrolatum.
- c. Soft soap 300 gms
Water (hot) 400 gms

Make a solution by heating and stirring, add ammonium chloride,

Water q.s. ad. 750 cc
Benzyl benzoate 250 cc

d. Benzyl benzoate 30 cc
Emulsion Base 70 cc

e. Soft soap Ethyl alcohol benzyl benzoate aa q.s. ad 120 cc

For the SURGEON:

E. Standee
E. STANDEE,
Colonel, M. C.,
Deputy Surgeon.

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